

1. FOR OFFICE USE ONLY

Midland Funding, LLC v. Andrea Brent v. Midland
Credit Management, Inc.
Case No. 3:08-cv-01434
United States District Court
For the State of Ohio, Western Division

CLAIM FORM



- 000

Barbara Page

I. INSTRUCTIONS

If you are a member of the class, as defined in the attached notice of pendency of class action settlement, then, in order to receive a distribution you must return this form, POSTMARKED no later than _____, to the following address:

Midland Settlement Administrator

II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

1. Name of Claimant:

Last

First

Middle Initial

2. Claimant's Address:

Street

State

Zip Code

3. Claimant's Day Time Phone Number: (____) _____ - _____

III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:

I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.

I do not want to be included in the class.

Dated 03/29/2011

By:

Signature

Barbara Page

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.



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Jackie Ellis

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A. Name of Claimant: _____
Last _____ First _____ Middle Initial _____

B. Claimant's Address: _____
Street _____ State _____ Zip Code _____

C. Claimant's Day Time Phone Number: (____) _____ - _____

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Please check one of the following elections related to this lawsuit:

I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.

I do not want to be included in the class.

Dated: 3/23/2011

By:

Signature

Jackie Ellis

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* 1 2 3 4 5 6 7 8 9 *

Brenda Smith

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III. ELECTION CONCERNING PARTICIPATION

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I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.

I do not want to be included in the class.

Dated: 3/24/11

By:

Signature

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7. PageID #: 1810

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Rosalina Clarke

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A. Name of Claimant: _____ Last _____ First _____ Middle Initial _____

B. Claimant's Address: _____ Street _____ State _____ Zip Code _____

C. Claimant's Day Time Phone Number: (____) _____ - _____

III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:

I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.

I do not want to be included in the class.

Dated: 3/23/2011

By:

Signature

Rosalina Clarke

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* 1 2 3 4 5 6 7 8 9 *

Terry Jones

I. INSTRUCTIONS

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Midland Settlement Administrator

II. CLAIMANT INFORMATION

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A. Name of Claimant:

Last

First

Middle Initial

B. Claimant's Address:

Street

State

Zip Code

C. Claimant's Day Time Phone Number: (____) ____-_____

III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:

I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.

I do not want to be included in the class.

Dated: 3/22/2011

By:

Signature

Terry Jones

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